

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-000073  
STATE FILE NUMBER

AMENDED

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 30

FILED FEB 6 1962

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Montgomery</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mexico</b>		c. CITY OR TOWN <b>Wellsville</b>	
Length of stay in 1b <b>29 days</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Phillips Nursing Home</b>		d. STREET ADDRESS (If outside, give location) <b>309 Clay St.</b>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <b>Maud</b> Middle <b>H.</b> Last <b>Eastham</b>		4. DATE OF DEATH Month <b>Jan.</b> Day <b>30</b> Year <b>1962</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 21, 1882</b>
9. AGE (last birthday) <b>79</b>		IF UNDER 1 YEAR Months <b>5</b> Days <b>9</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Asst. Cashier</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Mercentile bus.</b>	
11. BIRTHPLACE (City and state or country) <b>Wellsville Mo</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>James Hart</b>		13b. MOTHER'S MAIDEN NAME <b>Hettie A. Roberts</b>	
14. NAME OF HUSBAND OR WIFE <b>Mrs. O.C. Barker, Mexico, Mo</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	
17. INFORMANT <b>Mrs. O.C. Barker, Mexico, Mo</b>		Address <b>[REDACTED]</b>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pneumonia</b> DUE TO (b) <b>Bedfast with stroke</b> DUE TO (c) <b>[REDACTED]</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <b>48 hrs</b> <b>3 mos</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>[REDACTED]</b> Month, Day, Year <b>[REDACTED]</b> a.m. <b>[REDACTED]</b> p.m. <b>[REDACTED]</b>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Wellsville, Mo</b>	
21. I attended the deceased from <b>1958</b> to <b>Death</b> and last saw her alive on <b>1-30-62</b> Death occurred at <b>12:50 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Howard F. Myers MD</b> (Degree or title)		22b. ADDRESS <b>Mexico Mo</b>	
22c. DATE SIGNED <b>1-31-62</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Feb. 1, 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Wellsville</b>	
23d. LOCATION (City, town, or county) <b>Wellsville, Mo</b>		(State)	
24. FUNERAL DIRECTOR <b>Howard F. Myers, Wellsville, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>Jan 31-1962</b>	
26. REGISTRAR'S SIGNATURE <b>Blanche Neely</b>			

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Howard F. Myers

Licensed Embalmer No. 4494

P. O. Address Wellsville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.